EL201.doc Revised: Sept. 2009

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Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
PAUL H. SNIBER 5150 MADIEW A	4 95841-3	500-			
SACKUMINIO SULLI PIC SORINAL SULLI PIC DENO STERUMINI	The State	100-			
HERISA WILKINS 633 CRYSPUSHM	S DR. 8/10/10	250-			
2735 FELLOW THE	9/2/10	250-			
MARK + BONA STAFFE 85 SIENNA PAR READ, AN/8951	9/20/10	100-		1/2	
MIKE TURNER	10/2/10	25-			
NAWCY PUTTS 2569 ROBASCO SPARKS, NU 899	10/4/10	25-			
LAURIE ALLAN 3970 SKYUNE RENO, NV 89509	10/4/10	200-			
IVY DIELEU 13205 HOULE RENO, NV 89511	10/4/10	50-			
STEVE CAMPIEU 25 PALM SANUS COAPHS NV 8944	10/3/10	50-			
GARY WARPEN 1005 CABOSEWA SPARKS, NV 8943	10/12/6	9 100-			7.2
RON SAVERTHAN RENO, NV 8951	PA 19/14/10	300-			
	1221				
		1			

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office (

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES		
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	н	
** Goods and services provided in kind for which money would otherwise have been paid	1	
Other miscellaneous expenses	J	

** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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#2

STOSTHUA WILSON
Name (print)

Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
VICTURYSTORF, COM 5200 SW 3051-ST, SUITE T DAVENIMET, 1452802	D	9/28/10	1738,98
SANDELLS LTD 615 SALT ISLANDS#5 SPARKS NV 89431	0	10/7/10	331,49

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